

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J. Michael Sheffield
613 Townsend Place
Powder Springs, GA 30127

08CW115 S+C

2. Article Number

(Transfer from service label)

7007 1490 0002 5392 3734

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

J. Michael Sheffield

☐ Agent☒ Addressee

B. Received by (Printed Name)

J.M. SHEFFIELD

C. Date of Delivery

2-25-8

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes